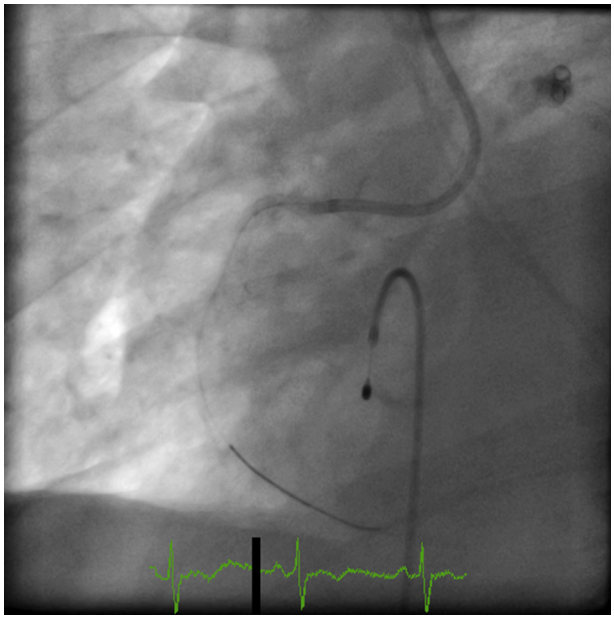
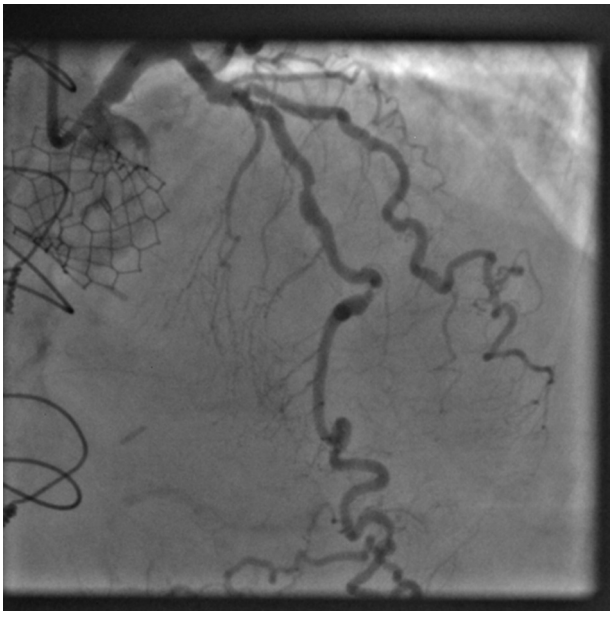




Case Summary. Patient with severe calcified dLM + TVD
Cardio thoracic surgical team was not available in the hospital at that moment
Patient was in critical condition
High risk PCI with bifurcation stenting to LM/LAD/LCx done
Procedure was not perfect but life was saved
ECHO 1 month later: mod MR; mild septal wall hypokinesia, LBV EF 54%

TCTAP C-050

Stent Retrieval from Left Main

Indulis Kumsars[1]
[1]Pauls Stradins University Hospital, Latvia

[CLINICAL INFORMATION]

Patient initials or identifier number. HK

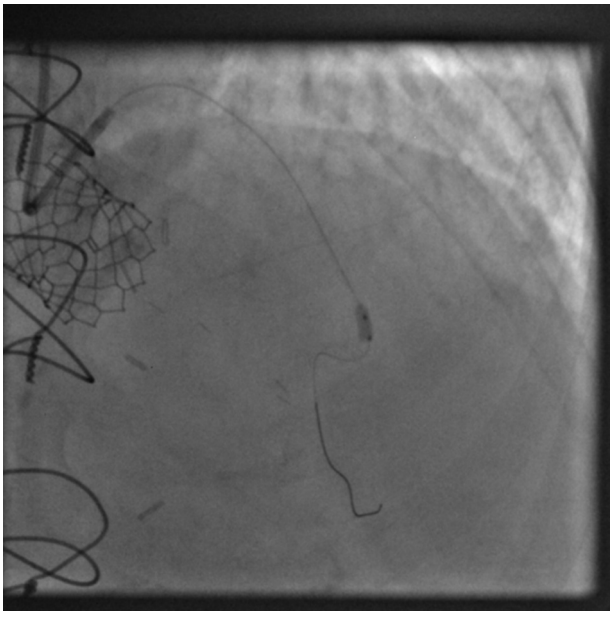
Relevant clinical history and physical exam. 84 years old
Female
Complaints: in last 3 months progression of chest pain and shortness of breath walking 100 m, good symptom relief by taking Nitroglicerin
Hypercholesterinemia
Hypertension
Stable angina pectoris III CCS
EF 45%
TAVI 2012

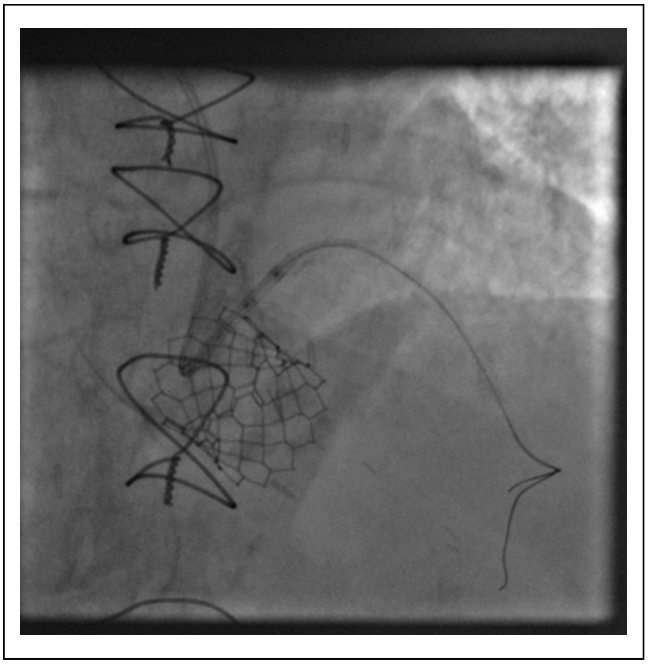
Relevant test results prior to catheterization.

Relevant catheterization findings
Diffuse coronary sclerosis
LAD middle part stenosis 90%

[INTERVENTIONAL MANAGEMENT]

Procedural step. Radial approach with 6F guiding catheter EBU 3.75.
Floppy guidewire in LAD.
POBA with 2.5- 8mm balloon.
Trying to deliver 2.5-12mm DES stent. Because of coronary artery diffuse sclerosis and tortousity it is not possible to deliver stent in stenotic area. When taking out the stent delivery system, there is dislodgement of stent in LM.
We tryed to catch the stent with second guidewire, but unsuccessfully.
New small balloon 1.25-6mm was delivered behind the disloged stent. Balloon inflation to 12 atm.
Withdrawal of all system- guidewire, stent, balloon- together.





Case Summary. The dislodgement of stent in LM is serious complication during PCI. It is very important not to lose guidewire position if such problem occurs. One of possible retrieval technique is to advance small balloon and then inflate after the stent and then take out all system together.

TCTAP C-051

Low Frame Rate PCI for High Syntax Left Main Disease

Ho Lam[1]
[1]Tuen Mun Hospital, Hong Kong, China

[CLINICAL INFORMATION]

Patient initials or identifier number. SSY

Relevant clinical history and physical exam. Patient was 73 years old male. He was smoker for more than 30 years and quit recently. He got history of Diabetes Mellitus, Hypertension and Hyper lipidemia.

He complained of severe angina upon minimal exertion. Elective coro +/- PCI was arranged for him.

Relevant test results prior to catheterization. ECG showed Sinus rhythm without Q wave. Echo was performed and found normal LV function.

Relevant catheterization findings. 1. dLM (1,1,1) bifurcation
2. ostial LAD to mLAD long and diffuse disease
3. ostial to mLCx 90% lesion
4. OM 1 inferior branch 60%, superior branch 70%
5. mRCA 80%, dRCA 90%

Syntax score 44